

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/776-084</i>	FILING DATE <i>2-1-01</i>								
						APPLICANT(S)									
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.			DEP.			
1	/					51									
2	/					52									
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44						94									
45						95									
46						96									
47						97									
48						98									
49						99									
50						100									
TOTAL IND.	2					TOTAL IND.									
TOTAL DEP.	21					TOTAL DEP.									
TOTAL CLAIMS	23					TOTAL CLAIMS									